

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12	1		1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	10	↓		↓
TOTAL CLAIMS		↓	12	↓		↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS